PLACE OF DEATH 11248	STATE OF MARYLAND
- Tollet	CERTIFICATE OF DEATH
County QUIVIT	Registration Dist. No. 293
Village or City Cordora (No. 1)	Audico St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 4 COLOR OR PACE   5 SINGLE,	16 DATE OF DEATH Security 20 1013
4 92/1- WIDOWED. Owner	(Month) (Day) (Year)
Male Male (Write the word)	HEREBY CERTIFY. That I attended deceased from
B DATE OF BIRTH Nov 23 19/2	Dee 17 1913, to See: 19 13.
(Month) (Day) (Year)	that I last saw he alive on the first 191.5
7 AGE If LESS than	and that death occurred on the date stated above, at 7.20 /- m,
yrs or mos. 2 7 ds. or min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	gatos
particular kind of work	
(b) General nature of industry, business, or establishment in	(Doration) yrs mos ds.
which employed (or employer)	Gontributory
State or country) fallors les and	(Secondary)
10 NAME OF Herbert Kelong Andrew	(Signed) 6 MStitle M.D.
11 BIRTHPLACE 4// 0 / 0	721 , 1913, (Address) Cochora med,
OFFATHER (State or country) Tallot Co - Wall of 12 Maiden Name 7/1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Wary Edith While	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or country) /allor. Co. Sund	At place in the of death yrs mos ds. State yrs mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Informant, Herbert Riley andrew	If not at place of death?————————————————————————————————————
(Address) Cordova Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(AUUtos)	Spring Hill Cenetary, Easter 7/22, 1913.
Filed // 1914, J. J. Gardner Local REGISTRAN	Spence Mullikin Castan Mid.
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
The R.E. Swartz.	a, v merchanin St., Daito., Kequesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second additional line is provided for the latter statement Physician, Compositor, Architect, Locomotive engineer. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation bas Farmer or Planter,

Statement of cause of death—Name, first, the DIBEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc.,

LENT DEATHS state MEANS OF INJUSY and qualify as affection need not be stated unless important. Example: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPIEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerreral scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... "Contributory." -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



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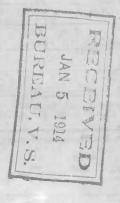


[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL poritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vio childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent). "Dropsy," "Exhaustion," State cause for Never report



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PHYSICIANS should state of OCCUPATION IS YEAR RECORD Exact statement PERMANENT EXACTLY. stated properly classified. pinous UNFADING INK-THIS AGE csrefully supplied. msy be certificate. so that it 0 WITH of information terms, DEATH in plain terms, PLAINLY. See instructions WRITE CAUSE OF Important. S

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1 PL	ACE OF DEATH Valbut	17250
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

I HEREBY CERTIFY, That I attended deceased from 191	vel.	In o	St.; Ward	a hospital give its	th occurred in or institution NAME instead and nomber.]
(Month) (Day (Year  I HEREBY CERTIFY, That I attended deceased from 191		MEDICAL	CERTIFICATE O	F DEATH	
(Month) (Day (Year  I HEREBY CERTIFY, That I attended deceased from 191	10 DATE O	F DEATH	Dia	17	1912
Signed   State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, or HOMICIDAL.    Blength of Residence (For Hoepitale, Institutions, Transien or Recent Residence, if not at place of death?   State of Burial or Removal   State of Burial or Removal   State of Burial or Recent Residence, if not at place of death?   State of Burial or Removal   State of Burial or Removal   State of Burial or Recent Residence   State or Recent Resi				(Day	(Year)
chat I last saw h alive on	17	I HEREBY	CERTIFY, That	I attended de	ceased fro
Contributory Secondary  (Duration)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOEPITALE, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place of death?  Where was disease contracted, if not at place of death?  Former or usual rosidence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  181.	200000000000000000000000000000000000000		Pl, to		, 191
Contributory Secondary  (Duration)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOEPITALE, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place of death?  Where was disease contracted, if not at place of death?  Former or usual rosidence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  181.	that I last s	and be all			101
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Contributory Secondary  (Duration)  (Duration)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid Tal, Suicidal, or Homicidal.  (Bength of Residence (for Hoepitale, Institutions, Transien or Recent Residents)  (In the other was disease contracted, if not at place of death?  Former or usual rosidence.  (Duration)  (Duration)  (Duration)  (Duration)  (President)  (Signed)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid tal, so the contraction of the contraction of the contraction of the contraction of the contracted, if not at place of death?  Former or usual rosidence.  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid tal, in the contraction of the contr	The CAUSE	OF DEATH*	was as follows:		
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Contributory Secondary  (Duration)  (Duration)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid Tal, Suicidal, or Homicidal.  (Blength of Residents)  At place  or Recent Residents  (In the of death yrs, mos, ds. State yrs, mos, where was disease contracted, if not at place of death?  Former or usual rosidence.  (Duration)  yrs  mos.  State  or  state  place of Durial or Removal  Date of Burial  Date of Burial  Date of Burial  Date of Burial	alfa				
Contributory Secondary  (Duration)  yrs  mos.  (Signed)  *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid tal, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transien or Recent Residents)  At place in the oid death yrs.  Where was disease contracted, if not at place of death?  Former or usual rosidence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ALLOW WILLIAM  181.	· · · · · · · · · · · · · · · · · · ·		The second deliberary assessment	**********************	
Contributory Secondary  (Duration)  yrs  mos.  (Signed)  *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid tal, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transien or Recent Residents)  At place in the oid death yrs.  Where was disease contracted, if not at place of death?  Former or usual rosidence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ALLOW WILLIAM  181.			(Duration)	yrs	mos20m
Signed)					
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Signed)  Signed)  State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid tal, Suicidal, or Homicidal.  Blength of Residence (for Hospitals, Institutions, Transien or Recent Residents)  At place In the ot death yrs. mos. ds. State yrs, mos.  Where was disease contracted, If not at place of death?  Former or usual rosidence.  Place of Burial or Removal  Date of Burial  Date of Burial  Date of Burial  Date of Burial			(Burnetton)		
*State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid tal, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid tal, Suicidal, or Homicidal.  *In the of the case of the	**************	50			
*State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid tal, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid tal, Suicidal, or Homicidal.  *In the of the case of the	(Signed)	4	K. nuch	1 No	O, u
*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death			///		
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the or death yrs	NEC 1	, 191 (/	(ddress)	xwi	
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the or death yrs	*State	the DISEASE C.	AUSING DEATH, OF	in deaths fr	om Viore
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the or death yrs	CAUSES, 8	state (1) MEAN	NS OF INJURY; as	nd (2) wheth	er Accide
At place of death yrs, mos, ds. State yrs, mos. Where was disease contracted, if not at place of death?  Former or usual rosidence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DRIVEN WILLS.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DRIVEN WILLS.					
At place of death yrs, mos, ds. State yrs, mos. Where was disease contracted, if not at place of death?  Former or usual rosidence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DRIVEN WILLS.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DRIVEN WILLS.	18 LENGTH	OF RESIDEN	E FOR HOSPITALS	INSTITUTIONS,	TRANSIENT
of death	At place	T RESIDENTS			
Where was disease contracted,  If not at place of death?  Former or usual rosidence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DEC 15		yrs. moe	de State	vre	mae
If not at place of death?  Former or usual rosidence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  White will be a second of the second of t	Where was die	easen contracted	ww. widit	119,	mn2
Former or usual rosidence	If not at place	ot death?			
USDAI rosidence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DEC 15	Former or				
Union ville. Date of Burial Dec 15, 191.		&			
union ville. Dec 14 ,181					
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				ADDRESS	,

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Village or City..... 2FULL NAM PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED, 4 COLOR OR RACE WIDOWED, ORDIVORCEO (Write the word) DATE OF BIRTH (Month) (Day (Year' TAGE It LESS th 1 day,.....h OR ..... min. SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) 10 NAME OF BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Drence fo REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, gainfully employed, as At school or At home. Care additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as ""Asture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of State cause for Never report Ex-



PLAGE OF DEATH	STATE OF MARYLAND
County Talbot	CERTIFICATE OF DEATH Registration Dist, No
Village or City St michaels.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND SPATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  March 17th 1889	16 DATE OF DEATH  (Month)  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  18  1913, to 22, 1913
(Month) (Day (Year)  7 AGE    If LESS than   1 day,hrs.	and that death occurred on the date stated above, at U The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Cabbet Loo-	Contributory Uracus 4 days
10 NAME OF FATHER Joseph Taibante  11 BIRTHPLACE OF FATHER (State or country) Jabbat County  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Johnah Faurhende	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, It not at place of death? former or usual residence.
(Address) I hichaels  Filed 191  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ADDRESS  ADDRESS

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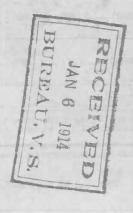


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; applies to each aud every person, irrespective of age. who have no occupation whatever, write None. who receive a definite salary), may be entered as it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kiud of work and also (b) "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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MARGIN RESERVED FOR BINDING

No. 1.

V. S.

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PHYSICIANS should state of OCCUPATION IS very RECORD PERMANENT EXACTLY. properly classifled. UNFADING INK-THIS IS DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH DEATH in plain Every item of Information CAUSE OF DEATH in plai Important,

#### PLACE OF DEATH 17252 County Jacob Village or City Mysic County

STATI CERTIFI Regis

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 291

.St.;.....Ward)

[if death occurred in a hospital or Institution, give its NAME instead of street and number.]

Royal Carema

FULL NAME Outrest	Fields of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored (Write the word)	16 DATE OF DEATH DECEMBER 29, 191  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Doc 9, 1913  (Month) (Day (Year)	that I last saw h & allve on 10 12 29 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) Generat nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Courl II Frelds	Contributory Unautable for Secondary  (Duration) yrs mos / 2 ds  (Signed) January 6. Fifty M. D
11 BIRTHPLACE OF FATHER (State or country) Mary leure 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Macylanace  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James R Myres	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
16 SPC30 m3 Di Al Mralear	Moplan Nach Date of Burial  Moplan Nach Dec 30 , 1913.  20 UNDERTAKER ADDRESS

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head ot injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nudertaken. For vio-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenela-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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CAUSE OF Important. S

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9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

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#### 17253 1 PLACE OF DEATH Village or City PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) (Day (Month) If LESS than 1 day,....hrs. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry,

STATE	OF	MAR	YLAND	
CERTIFIC	AT	E OF	DEAT	T

Registration Dist. No

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and that death		_		above, at	n
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

(Year)



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberencessis of lungs, meninges, peritonaeum, etc., Carein-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, V.S.

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

a hospital or institution. give its NAME instead et street and number. 7

fit death occurred in .....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE 6 SINGLE. MARRIEO, WIDOW EO. (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH 128c (Month) (Day) (Year) TAGE If LESS than 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment lo (Duration) which employed (or employer) -----Contributory <sup>9</sup> BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) \_\_ yrs. .... mos. .... State Where was disease contracted. It oot at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Praffe (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 295  St.; Ward) St.; Ward)  Smills  Smills  St.; Ward of street and oumber.]
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE Windle MARRIED, WIDOWED, OR OLVORCEO (Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1913
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 LESS than 1 day,12.hrs. 0Rmin.?	that I last saw here
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Fautr 68  Sud	Contributory (Secondary)  (Duration) yrs. mos. ds
11 BIRTHPLACE (State or country) Talkin Go Sud	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)	At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence
Filed De 12. 1913. Joseph Arca Registran  Il more blanks are needed, address State Registran	20 Upon Aller Smile ADDRESS  Cry



[Approved by U. S. Census and American Public Health Association.]

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(Address)

If more

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 292 fif death occurred in St.:....Ward) a hospital or institution. give its NAME instead mills of street and oumber. ? <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR 30min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ \_\_ ds. State ..... Where was disease contracted.

> Former or usual residence

If not at place of death?-

OF BURIAL

ADDRESS

are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 affection need not be stated unless important. oma. Surcoma. etc., of cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg ture of the American Medicai Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of . (name origin; "Can State cause for Examples:



#### BINDING FOR RESERVED MARGIN

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very DEATH in plain terms, so that it m See instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, s Important.

Village or City.

17257 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County.....

Registration Dist.	No.	29	4
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St.; ...Ward) [If death occurred in a hospital or lostitution,

ADDRESS

rence

	FULL NAME Mary Eugen	give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE Single, MARRIED, WIGOWEO, ORDIVORCEO (Write the word)	(Month) (Day (Year)
6 D	September 22, 1897 (Month) (Day (Year)	that I last saw hear alive on the same of
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a pa (b) bus	CCUPATION ) Trade, protession, or ricular kind of work	(Duration) yrs. 8. mos. ds.
9 B	(State or country) Dussey Co Del	Contributory Secondary
ARENTS	11 BIRTHELACE OF FATHER (State of country) Wanter Co. M.	(Signed) yrs mos ds.  (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
۵	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.  Where was disease contracted,
	(Informant) Denisio & hobbe Jak,	If not at place of death?  Former or  usual residence.

REGISTRAR

It more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1914
BUREAU, V.S.

	17258	
	PLACE OF DEATH	STATE OF MARYLAND
	1 Of the	CERTIFICATE OF DEATH
	ounty	Registration Dist. No. 290
'	/illage or City lear ord ord (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	² FULL NAME	MEDICAL CERTIFICATION
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ale Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVERGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 0	ATE OF BIRTH 1880	17 I HEREBY CERTIFY. That I attended deceased from
7.4	(Month) (Day) () (Year)	that I last saw h was allye on Dec 20 1913.
7 A		and that death occurred on the date stated above, at 4 2 m.
	36 yrs. 1 mos. 5 ds. ormin.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	- f Q
	) Trade, profession, or Janu Trand.	Inlunous Lobat
(b) General nature of industry,		
bu:	siness, or establishment in ich employed (or employer)	(Duration) yrs. mos 3 ds.
9 B	IRTHPLACE (tate or country)	Contributory (Secondary)
	10 NAME OF FATHER	(Signed) (Duration) yrs mos ds.
S	11 BIRTHPLACE	, 191 (Address)
PARENTS	OF (State or country)	*State the DISMASH CAUSING DEATH OF In doothe down
PAR	of MOTHER Cleraped Lowns	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  Mary land	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Interment) Williamy Furch and son	Former or usual residence
	(Address) Near Oordord	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FI	1ed Dic 23" 1913 & B. Fairbank	Old Catrapel 12/23, 191 3 20 GN DERTAKER ADDRESS
-	Local REGISTRAR	James a Spena Easton Jug
	If more blanks are needed, address State Registrar,	Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologies of lungs, meninges, peritonaeum, etc...

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JAN 6 1914 BUREAU, V.S.

BINDING FOR RESERVED MARGIN

V. S. No. 1.

RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

#### 18950

	PLACE OF DEATH 11200	STATE OF MARYLAND		
Co	unty Tallo	CERTIFICATE OF DEATH		
	lage or City Clailone (No.	Registration Dist. No		
	FULL NAME Clearles	a nuspital or logaritation, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SI	12 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
	(Month) (Day (Year)	that I last saw h u alive on 1913		
7 A C	GE  Signature  Signatu	and that death occurred on the date stated above, at 5 7 mm, The CAUSE OF DEATH was an inflower:		
(a) pai (b)	OCCUPATION ) Trade, profession, or ricular kind of work			
	iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. ds.		
9 BI	PRTHPLACE (State or country) Tallet Co.	Contributory Secondary  (Duration)  Trs		
TS	11 BIRTHPLACE	(Signed) 24, 181 3 (Address) St Michael M. D.		
ARENTS	OF FATHER (State of country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
14 -	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted.		
	(Informant) 1001 Ge of My Knowledge	It not at place of death?  Former or  usual residence.		
16 File	ed Die 27 1913 Hurwale REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2D UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS		
	more blanks are needed, address State Regist	trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.		





[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—like primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Trappe (No. 1.260)  *FULL NAME Aura Pard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Vernele 4 COLOR OR RACE Single, MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  LHEREBY CERTIFY, That I attended decreased from
Mor. 82, 1913	that I last saw h LV allye on Als right 1913,
(Month) (Day) (Year)  7 AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Talkn bo Sud -	Contributory Gentu Grandary (Secondary)  (Duration) yrs mos 10 ds.
10 NAME OF FATHER Johns Hamuston Price  11 BIRTHPLACE (State or country) Jack & Sud  12 MAIDEN NAME OF MOTHER Farmie Clerabert Frampto	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
(Informant) True to the Best of My Knowledge  (Address) Traph. End	Where was disease contracted, If not at place of death?  Former or Usual residence
Filed Die 26t, 1913. Joseph Con hus Joseph REGISTRAR	Franker Chart Bory Saolo End.
M nore blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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JAN 5 1914
BURBAU. V.S.

#### UNFADING INK WITH Information of Inform

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PHYSICIANS should of OCCUPATION IS

classified.

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10 Important. Every It

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See instructions

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7 AGE

OF MOTHER (State or country)

PLACE OF DEATH 17261

#### STATE OF MARYLAND ATH

(Year) deceased from ... 191.....

County Lalbot			FICATE O		4	
Village or City	Caston	tell Bor	n Saus	st.; Ward	a hospita	ath occurred in al or institution NAME Instead t and nomber.]
PERSO	DNAL AND STATISTI	CAL PARTICULARS	MEDICAL	CERTIFICATE O	F DEATH	
3 SEX Female	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH	/2 (Month)	19 (Day	, 191 (Year)
6 DATE OF BIRT		(Write the word)	17 I HEREBY	CERTIFY, That	l attended d	eceased fro
	(Month)	170-	that I last saw h all	ve on		. 191

If LESS than

yrs,ds. OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	CXL2-Prove
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos.
9 BIRTHPLACE .	Contributory

	(State or country) Easton Ind.	(Doration) yrs mos. ds.
ARENTS	10 NAME OF FATHER H & Blaughter	(Signed) Talue '' , M. D.
	OF FATHER (State or country) Talbot los	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
0	OF MOTHER / Passad to / 1	18 ENCTH OF BEGIDENCE (FOR MORNING !

and that death occurred on the date stated above, at.

At place	In the		
of death yrs n	ios ds. State	yrs	mos ds
Where was disease contracts	d.		

Eastons	End,	DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by nailway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



#### V. S. No. 1.

#### PERMANENT UNFADING WITH

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County..... Registration Dist, No..... Ilf death occurred in St.:....Ward) a hospital or Institution, give its NAME instead of street and oumber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WICOWEO, ORDIVORCED (Write the word) Manuel 17 (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) 12 yrs. 0 mos 0 ds. which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. \_\_\_\_ mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. It not at place of death? ... Former or usual residence. 15 20 UNDERTAK ADDRESS blanks are needed, address State Registrar, 6 H. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, uot who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The eoutributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1914
BURBAU. V.S.

PERMANENT UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD stated properly classified. See instructions on back of WRITE PLAINLY, WITH of information B.-Every Item CAUSE OF Important. 17263 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist	No 24 4
itegisti ation	MISL.	NO mentions

St :-Ward) a hospital or lostitution. give its NAME instead

ADDRESS

2FULL NAME Midley Amaron	. Towers.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
make thate wisower, orgle or orgive (Write the word)	(Month) (Day (Year)
DATE OF BIRTH  Arr. 38 d 1913	hat I last saw hum alive on 2001. 1913
7 AGE It LESS than a	ind that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work	Chronic Sastro-Enterelis
which employed (or employer)  BIRTHPLACE (State or country) Tellor 6. Sud.	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place of death
(Informant) It whole A. vonces (JAA)	Former or usual residence

REGISTRAR

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

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V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1914 BUREAU, V.S. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be CAUSE OF DEATH in plain terms, s.

RECORD

#### 17264 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

Ilt death occurred is a hospital or institution. give its NAME instead of street and comber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
381	Cuale White (Write the word)	16 DATE OF DEATH Alexander (Month) (Day (Year)
6 D/	(Month) (Day (Year)	that I last saw have alive on Alle 1 2 1912
7 A C		and that death occurred on the date stated above, at 2m. The CAUSE OF DEATH* was as follows:
(a)	CCUPATION  Trade, profession, er  ficular kind of work  Control kind of work	Lehronia Endocadila
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	Contributory Contr
- 81	(State or country) Zalloch Con	Secondary (Coration) yrs mos ds
ARENTS	11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18	(Signed), M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 SIRTHPLACE OF MOTHER (State or country)  14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted,	
(	(Informant) The ballians	If not at place of death?  Former or  usual residence
16 File	(Address). Section 1915 1 3 Fair and Registrar  In more blanks are needed, address State Registrar	20 UN DERTAKER  ADDRESS  Transpir St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblitty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (secondary or intercurrent) For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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Village or City Easton Bertha adelle	Registration Dist. No. [It desth occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Girl Megro Single, MARRIED, Single Wildows, ORDINORCED (Write the world)  6 DATE OF BIRTH WERMLES 18th 1913	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from 1913, to 252 95, 1913
(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  1 LESS than t day, hrs.  OR min.?  6 OCCUPATION (a) Trade, protession, or psrticular kind of work (b) Genersi insture of industry, business, or establishment in which employed (or employer)	The same and the date attended about, at an annual same and a same at a same
9 SIRTHPLACE (State or country) Caston  10 NAME OF FATHER Purparel H. Walfare  11 BIRTHPLACE OF FATHER OF FATHER OF MOTHER (State or country) Kunt & Mad.  12 MAIDEN NAME OF MOTHER (State or country) Welaware  13 BIRTHPLACE OF MOTHER (State or country) Welaware	Contributory Secondary  (Signed)  (S
(Informant) Polyalia (Address) 18 Neggins St. Lanton, Md.	Where was disease contracted, It not at place of death?  Former or  USUAL residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS.  20 UNDERTAKER  ADDRESS.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

17265

STATE OF MARYLAND

CERTIFICATE OF DEATH

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, c. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Scnilc," ctc.), "Dropsy," The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for death), 29 ds.; "Exhaustion," For VIO-



.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS m

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County Talot 17266  Village or City Element (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 9 4
FULL NAME Benjamin Elic	st.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Juste Alock Single,  MARRIED,  WHOWED,  ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH  Office 7  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10 A.m., The CAUSE OF DEATH* was as follows:
CCUPATION  (a) Trade, profession, or particular kind of work.  (b) Genoral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Warry, Many,	Contributory (Secondary) (Deration) yrs. mos. ds.
10 NAME OF FATHER Sperious Whiting ton  11 BIRTHPLACE OF FATHER (State or country) Trains had  12 MAIDEN NAME OF MOTHER Section Land	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  Newlowsland	or Recent Residents) At place In the of death yrs, mos ds. Where was disease contracted.
(Informant) Lhesseum to hetting ton	If not at place of death?  Former or  usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed LC 5 , 1913 mms, Lowy before Local RECISTRAR	att Padelitle St Mirchaelo
f ore blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as minc, etc. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Purerweal schticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marastbenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion," Examples: For vio-



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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 212 fif death occurred in .....Ward) a hospital or Institution, give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory Cons 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) . 191.3, (Address) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. ..... Where was disease contracted. MY KNOWLEDGE If not at place of death?-Former or (Informant) usual residence. 19 PLACE OF BURIAL OR DATE OF BURIAL REMOVAL 15 NDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

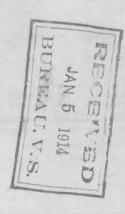


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"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term ou the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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RECORD

STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH SICIANS should Registration Dist. No. 292 Ilf death occurred in PHYSICIANS Village or City St.:---Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH that I last saw h. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ------Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER of back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .... mos. . State \_\_\_\_\_ yrs, \_\_\_\_ mos, \_\_\_\_ ds. Where was disease contracted. If not at place of death? usual residence mportant. Every Ite DATE OF BURLAL ., 191 15 ADDRESS LUCAL REGISTRAR ż blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



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